

**DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND**  
**20 NORTH CENTRAL AVENUE, VALLEY STREAM, NEW YORK 11580**  
**(718) 845-5800 FAX: (718) 845-0105**

Jan. 2019

Re: Voluntary Contact List Authorization

Correspondence from Division 1181 A.T.U.-New York Employees Pension Fund (“The Fund”) is routinely sent out to the retiree population throughout the year, and because of this, it is extremely important that you keep the Fund Office informed of any change of address, as well as any other type of change to your contact information. The importance of current, correct contact information on file with the Fund Office cannot be overstated. It is the only way the Trustees and the Fund can keep in touch with you regarding any changes and developments affecting your interests under the Plan.

In the event that your records should become outdated, and the Fund is unable to get in touch with you for an extended period of time, we ask that you provide us with contact information of individuals who might facilitate the process of locating you.

In this connection, attached is a Voluntary Retiree Contact List, with which you may provide contact information for up to three individuals of your choosing to the Fund for this purpose. The Fund will not contact these individuals unless we find it necessary, and this will only be done if all other attempts at contacting you have failed.

We ask that you kindly complete the attached Voluntary Retiree Contact List, and return it to the Pension Department so that we may keep it on file. If you choose to decline, please understand that your pension benefit will be at risk of being suspended in the event that the Fund cannot locate you for an extended period of time. It is your obligation to keep the Fund Office fully informed of any changes to your contact information.

If you have any questions in this matter, contact the Pension Department.

Very truly yours,



ROBERT D'ULISSE

Director

RD:nb  
Enc.

Voluntary Retiree Contact List

Name of Retiree: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PART A:**

**I, \_\_\_\_\_, will make every attempt to keep my records up to date with Division 1181 New York Employees Pension Fund, however:**

- ( ) **I DECLINE** to provide any contact information for any of my relations. I understand in the event that I cannot be contacted for an extended period of time, my pension payments will be at risk of being suspended. **(Sign & date, and return to the Fund Office)**
- ( ) **I AUTHORIZE** the Fund to contact the following individuals listed below to facilitate the process of locating me, in the event that my records should become outdated, and the Fund cannot get in touch with me for an extended period of time. **(Complete Part B, then sign & date, and return to the Fund Office)**

**PART B:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date